

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) INDIANA JOBS NOW		FEC IDENTIFICATION NUMBER ▼ C C00603159	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div><small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small> 04 / 27 / 2016</div> </div>	

Full Name of Payee TARGETED VICTORY			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small> 04 / 26 / 2016</div></div>		
Mailing Address 1033 NORTH FAIRFAX STREET SUITE 400			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2125.00</div>		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4230		
Purpose of Expenditure MEDIA		Category/ Type 004	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small> 04 / 26 / 2016</div></div>		
Name of Federal Candidate TREY HOLLINGSWORTH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">487590.09</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small></div></div>		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small></div></div>		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">2125.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">2125.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MICHELE REISNER

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2016

Signature